

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 24451  
Registrar's No. 45

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 5785		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. # 1 Bertrand</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. # 1 Bertrand</u> d. STREET ADDRESS (If rural, give location) <u>2 miles south of Bertrand</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Delilah</u> c. (Last) <u>Vannpool</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>2</u> (Year) <u>1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 1, 1887</u>		9. AGE (in years last birthday) <u>68</u>		10. CITIZEN OF WHAT COUNTRY? <u>US</u>	
11. BIRTHPLACE (State or foreign country) <u>Franklin Co., Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Wilburn Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Geneva Lloyd</u>	
14. NAME OF HUSBAND OR WIFE <u>Otha Vannpool</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Otha Vannpool Rfd. #1 Bertrand, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial degeneration / yr</u> DUE TO (c) <u>arteriosclerosis - hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 1955</u> , to <u>July 2, 1956</u> , that I last saw the deceased alive on <u>July 2, 1956</u> and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. P. Keenan, D.O.</u>				23b. ADDRESS <u>W. 4th, Mo</u>		23c. DATE SIGNED <u>7/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/4/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Armor</u>		24d. LOCATION (City, town, or county) (State) <u>Dogwood Miss. Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>7-12-56</u>		REGISTRAR'S SIGNATURE <u>Dorothy B. Hachtorn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elgin McPherson</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED  
Miss. Co. Health Dept  
County File No. JUL 17 1958  
Date Filed JUL 17 1958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4695

P. O. Address Charleston, W.V.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.